STANDARD CERTIFICATE OF DEATH FILED MAY 26 1955 epistrelion District No.			THE DIV	ISION OF HE	ALTH OF MISS	SOURI	<u></u>	59-016946			
PILED MAY 26 (958 opistration District No. 4.7 Primary Registration District No. 300 Registrat's No. 50			STANDA	RD CERTIF	CATE OF D	EATH	** *	.,			
D. CLITY (II outside cappeare limits, give TOWNSIEP only) Inside Limits D. CLITY (II outside cappeare limits, give TOWNSIEP only) Inside Limits OF STATE MISSOURI. D. CLITY (II outside cappeare limits, give TOWNSIEP only) Inside Limits OF STATE MISSOURI. D. CLITY (II outside cappeare limits, give ToWNSIEP only) Inside Limits OF STATE MISSOURI. D. CLITY (II outside cappeare limits, give ToWNSIEP only) Inside Limits OF STATE MISSOURI. D. CLITY (II outside cappeare limits, give ToWNSIEP only) Inside Limits OF STATE MISSOURI. D. CLITY (II outside cappeare limits, give ToWNSIEP only) Inside Limits OF STATE MISSOURI. D. CLITY (II outside, give location) Reside on Form ADRESS \$13 Onestinut Day Record New Lond OF STATE MISSOURI. D. CHARLES (II outside, give location) Reside on Form New Lond OF STATE MISSOURI. D. CHARLES (II outside, give location) Reside on Form New Lond OF STATE MISSOURI. D. CALL DESTRICT MARKET LINE OF MAY 22,1959 SECTION	HIFD MAY 26	1050 egistration D	istrict No4	Pri	mary Registratio	on District No.				50	
D. CITY (IT outside coprected limits, give TOWNSIP) only Insted Limits TOWN Fulton Very No.0 1. Fult. NAME OF (If NOT inhospited, give lecetion) E. FULL NAME OF (IF NOT inhospited, give lecetion) E. FULL NAME OF (IF NOT inhospited, give lecetion) E. FULL NAME OF (IF NOT inhospited, give lecetion) E. STREET \$1.3 (If outside, give lecetion) From No.				/		-	ere deceased lived	l. If institution	n: Residence 1	pelore	
1. Call (II outside copperte limits, give TOWNSIIP only Insted Limits of TOWN Fulton					a. STATE	Missou	ıri b. cc	DUNTY Ca.	llaway		
DISSIPLATION Cellaway Mem. Hosp. 43 Hrs. 4 Street 13 Chestnut Vest Name Country Nam	TOWN Ful	ton		Yes <u>∓</u> No⊡	lla de OD	Ful tor			Inside	Limits	
BENTON BAKET OCATH MAY 22,1959 S. SEX Male O Note: White White Own Roce	c. FULL NAME OF HOSPITAL OR INSTITUTION	(If NOT in hospital, g	ive location) Leng em. Hosp.	1.4	d. STREE	Ess 413 C	(If outside, hes tnu 1	give location	·		
Male Obusine occupation (Gier kind of work dane) 100. INTERIOR DIVONCED D	DECEASED					r	I 0E	lay 2	2,1959)	
Labor for REA New London, Mo. USA 13. Father's name Omer Baker 14. Mother's made Mary (Unknown) 15. Was deceased ever in U.S. Armed forces? 16. Social security no. 17. Information (Unknown) 18. Cause of Death (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT (a) 20c. TIME OF Hour Month, Day, Year INJURY a. m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MONTH, Day, Year INJURY C. u.m. P. m. 20c. TIME OF HOUR MO	Mole W	hite	/ WIDOWED [DIVÓRCED 🗆	Aug .1	1,1 6 90	168 irthday	18 IF UNDER 1 () Months I			
OMER Baker 15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WAS AUTOPED AND INTERVAL BETWEEN AND I	10a. USUAL OCCUPATION (I) .		TRYT	
15. MAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: 11. IMMEDIATE CAUSE (a) 12. Conditions, if any, which gave rise to above cause (a). 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 14. Conditions, if any, which gave rise to above cause (a). 15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. PART I. DEATH WAS CAUSED BY. 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PER	_	kon									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which pare rine, to about a per line for (a), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. DEATH WAS CAUSED BY. PART II. D	15 was presiden even	IN U. S. ARMED FORCES	7 [16. SOCIAI	L SECURITY NO.				d Ghea	tnut		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSE (a) Conditions, if any, which gaze rise to above cause (a) Which gaze rise to above cause (a) Lynn (a) Lynn (a) Lynn (a) Conditions, if any, which gaze rise to above cause (a) Lynn (b), and (c). Lynn (c) Lynn (b) Lynn (b) Lynn (b) Lynn (c) Lynn (c	No no, or unknown) (If	yes, give war or dates of ser	**** 486 <u>]</u>	L45329	Mrs. M	innie E	Baker F	ul ton	.Mo.		
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m. 20d. INJURY OCCURRED farm, factory, street, office bidg., etc.) 21 I attended the deceased from 1000 Ao m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. MGNATURE 22a. MGNATURE 23a. BURIAL (REMATION. BURIAL) 23a. BURIAL (REMATION. BREWOYAL (Specify) May 24 1000 Ao May Amm, Cardens Fulton, Mo. 23b. Date Callaway Mam, Cardens Fulton, Mo. 25c. REGISTRAR'S SIGNATURE Callaway Mam, Cardens Pureral Director Address Tuneral Home, Fulton, Mo. 25c. REGISTRAR'S SIGNATURE Callaway Mam, Cardens 25c. REGISTRAR'S SIGNATURE Callaway Mam, Cardens Callaway Mam,	which gave ris above cause (stating the un	to a),	Coronal	y pes	ul oc	elusio	₩	, , , , , , , , , , , , , , , , , , , 			
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED. And INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED. And While Information farm, factory, street, office bidg., etc.) 21. I attended the deceased from INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 22. I attended the deceased from INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 23. I attended the deceased from INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 24. I attended the deceased from INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 25. ADDRESS 26. CITY, TOWN, OR LOCATION COUNTY STATE And last saw him alive on S-23-S-9 an	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDITION	N GIVEN IN PART I (d	1201			
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED A. m. p. m. 20d. INJURY OCCURRED Farm, Jactory, street, office bidg., etc.) 21. I attended the deceased from 10.00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. signature 22a. signature (Degree or title) 23c. Name Of Cemetery OR CREMATORY BUT18 23d. LOCATION (City, town. or county) (State) 24. FURERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. Name Of Cemetery OR CREMATORY ADDRESS 28. Name Of Cemetery OR CREMATORY 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 20. REGISTRAR'S SIGNATURE 21. June Of Cemetery OR CREMATORY 22. DATE SIGNED 23. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27. DATE RECD. BY LOCAL REG. 28. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 20. ADDRESS 21. June Of Cemetery OR CREMATORY 22. DATE RECD. BY LOCAL REG. 23. REGISTRAR'S SIGNATURE 24. FURERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. ADDRESS 28. REGISTRAR'S SIGNATURE 29. ADDRESS 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 20. ADDRESS 21. June Of Cemetery OR CREMATORY 22. DATE RECD. BY LOCAL REG. 24. FURERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27. ADDRESS 28. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 20. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 21. DATE RECD. BY LOCAL REG. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. DATE RECD. BY LOCAL REG. 28. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 20. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE	20a. ACCIDENT SE		206. DESCRIBE HOW	INJURY OCCURRI	D. (Enter natu	re of injury in F	Part I or Part II	of item 18.)	723 110		
WHILE AT WORK MAT WO	20c. TIME OF Hour INJURY a. m.		•				•		 -		
Death occurred at	WHILE AT NOT	WHILE 🗀 /4////*,	E OF INJURY (e.g., in factory, street, office	or about home, bldg., etc.)	20 <i>f.</i> CITY, TOW	VN. OR LOCATION	N	COUNTY		STATE	
Death occurred at	21. I attended the	deceased from 1	-19-59	, to	5-22-	5-4 and	last saw him	live on 5	- ネネ - 、	5-9	
Jeone W. Jeone M. D. 107 Overf Fulton, Mo. 5-23-57 23a. BURIAL (REMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State) BUT181 May 24 1050 Callaway Mem, Gardens Fulton, Mo. 24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Maupin Funeral Home, Fulton, Ma, May -23-1959 Martha Lawrence		i at			stated above;	and to the be	st of my know	ledge, from			
Euriai May 24 1950 Callaway Mem, Gardens Fulton, Mo. 24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Maupin Funeral Home, Fulton, Mo. May -23-1959 Marutta Lawrence	Jeon Hon	ell. Gl	(Degree or title) . N	s.D.	226. ADDRESS	burt	Fulton	, Mo	S-J	3-17	
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Lawrence	23a. BURIAL CREMATION. REMOVAL (Specify) BUP187	236. DATE May 24 1							(State)	
(Licensed Embalmer's Statement on Reverse Side)	24 FUNERAL DIRECTOR	Funeral Ho	me, Full		TE RECD. BY LOC	AL REG. 26.			wels	w	
	Ŭ -	-	(Licensed Embo	lmer's Statem	ent on Revers	e Side)					

STATEMENT BY LICENSED EMBALMER

P. O. Address.

I hereby certify that the body whose name is recorded on the rever	rse side of this	certificate	was
by me, or by	, Student Er	nbalmer No) .
working under my personal supervision			
		01	

Signature of Student Embalmer

Licensed Embalmer No....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.